•	*	·			•	•			10/	12	438	65
Γ		•		DETERMINATION RECORD					Application or Docket Number			
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
<b> </b> -			(Cotum	1	TYPE (		OR	SMALL	ENTITY			
Ľ	OTAL CLAIMS		#					RATE BASIC FE	FEE	4	RATE	FEE
	OR			FLED .	MUM	NUMBER EXTRA			E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAHAS			∂ / minus 20= •			X3.0			<u> </u>	JOR	X\$18=	٠.
	DEPENDENT C		7 minus 3 -					X43-		OR	X86=	
M	ULTIPLE DEPE	NDENT CLAIM P	ESENT O					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	<del>  .                                     </del>	OR	TOTAL	910
O 4 CLAIMS AS AMENDED - PART II OTHER THAN												THAN
0	(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALLE											ENTITY
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
3	Total ·	. 2	Minus	-02	7	•		X\$ 9=		OR	X\$18=	
19	independent	. 7	Minus	7		•		X43•	1	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		+290=	
									- 1	OR	TOTAL	
7-7-05 ADDIT. FEEOH ADDIT. FEE												
		(Cotumn 1)		RIGH	EST	(Column 3)	1	•	ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	<u>. &amp;                                    </u>	Minus	- 2	<u>o_</u>	•		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF ME	Minus	SOUDENCE OF	2	•		X43=		OR	X88=	
لــا	· · ·	MIANUA UP MI	LITTE DE	- ENVENT	COUNT	<del></del>	' [	+145=		OR	+290=	
					•		L	TOTAL			TOTAL	
		(Column 1)		_(Colum	ທ 21	(Column 3)		NOOM, FEE I		, /	adort. Feel	
AMENDMENT C	10-18-05	CLAIMS REMADIING AFTER		HEGHE NUMB PREVIOU	ST ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
2	Total	AMENDMENT	Mino	MADE	4	- 7	ŀ	<del></del>	FEE			FEE
	Independent	• [	Minus	- 22 m 1	7	• /	-	X3 8-	4	OR	X\$18=	<del>/ </del>
FIRST PRESENTATION OF LILETIPLE DEPENDENT CLAIM ( X43- ) OR X88-												
		in 1 is less then th						+145=		OR	+296=	
	the Pilghest Mail the Pilghest Mai	ther Provincely Pai ther Provincely Pai	d Par' IN THE Id Far' IN THE	S SPACE IN	loso the	20, enter "20." 3, enter "3."	~	DOT. PEE		-	DOTT. FEE	
7	Tra Tilghest Mum	ber Previously Paid	For (Rotal or	Independer	al) is the	highest number	loui	id ju gae ebb	ropriese box	in ook	ino f.	
	MO(78 (0- 10						_	7-4-				